| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  1064584 |   |   |                    |                                 |   |                  |                |                 |               |                 |                 |            |                 |  |
|---|---|---|--------------------|---------------------------------|---|------------------|----------------|-----------------|---------------|-----------------|-----------------|------------|-----------------|--|
|   | CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY |   |                    |                                 |   |                  |                |                 |               |                 |                 |            |                 |  |
| TO  | TAL CLAIMS  |   | 84                 |                                 |   |                  |                | RAT             | E             | FEE             |                 | RATE       | FEE             |  |
| FOR   |   |   | MANBER FLED        |                                 | MUMBER EXTRA                            |                  |                | BASIC           | FEE           | 385.00          | OR              | BASIC FEE  | 770.00          |  |
| 2   | TAL CHARGEA   | BLE CLAIMS                              | 94 minus 20=       |                                 | •                                       |                  |                | <b>X</b> \$ 9   | <b>)-</b>     |                 | OR              | X\$18=     | 152             |  |
|   | ENDENT CL   |   | q minus 3 =        |                                 | •                                       |                  |                | X43             |               |                 | OR              | X86-       | 1290            |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PF                           | SENT               |                                 |   |                  | +145=          |                 |               |                 | OR              | +290=      | 0               |  |
| " If the difference in column 1 is less than zero, enter "O" in column 2        |   |   |                    |                                 |   |                  |                |                 |               |                 | OR              | TOTAL      | 32 12           |  |
|   | CI  |   | SME                |                                 | ENTITY                                  | OR               | OTHER<br>SMALL |                 |               |                 |                 |            |                 |  |
| (Column 1) (Column 2) (Column 3) CLANS NGRESY                                   |   |   |                    |                                 |   | 1                |                |                 | ADDI-         |                 |                 | ADDI-      |                 |  |
| AMENDMENT A   |   | REMARKING<br>AFTER                      | DIENG              |                                 | BER<br>OUSLY                            | PRESENT<br>EXTRA |                | RATI            | re            | TIONAL<br>FEE   |                 | RATE       | TIONAL<br>FEE   |  |
|   | Total   | AMENDMENT                               | Mars               | PAID<br>₩ ₩                     | FOR .                                   | - /              | 1/             | XS              | <del></del> - | 7               | OR              | X\$18=     |                 |  |
| E E   | Independent   | • 18 <sub>1</sub>                       | Minus              | ***                             |   | - /              | 1              | X4              | <b>)</b> =    | /               | OR              | X86=       |                 |  |
| 3   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                                 |   |                  | 1              | $\vdash$        | _             | <del> /</del>   |                 | +290=      | /               |  |
|   |   |   |                    |                                 |   |                  |                |                 | S-<br>DTAL    | <u> </u>        | OR              | YOYA       |                 |  |
|   | ·   |   |                    |                                 |   |                  |                |                 |               |                 | lou             | ADDIT. FEE |                 |  |
|   | 8-20-0-   | (Column 1)                              |                    |                                 | mn 2)                                   | (Column 3        | )_             |                 | ٠             |                 |                 |            |                 |  |
| 9   | ·   | REMARKING<br>AFTER                      |                    | HIGHE<br>HIMB<br>PREVIO         |   | BER PRESENT      |                | RA              | TE            | ADDI-<br>TIONAL |                 | RATE       | ADDI-<br>TIONAL |  |
| 5   |   | AMENDMENT                               |                    |                                 | FOR                                     |                  | 4              | <u> </u>        | FEE           | 4               |                 | FEE        |                 |  |
| MENDMENT  | Total   | . 80                                    | Minus              | <b></b> 8                       | 14                                      | - /              | 4              | XS              | 9-            | /               | ОЯ              | X\$18=     | /               |  |
| 3   | Independent   | 0 18                                    | Minus ee           |                                 | 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | <del></del>      |                | _X4             | 3=            |                 | OЯ              | X86=       |                 |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                                 |   |                  |                | 114             | 15-           |                 | OR              | +290=      | ,               |  |
| ·   |   |   |                    |                                 |   |                  |                |                 | OΙΑ           |                 | OF              | ADDIT, FE  | T               |  |
| (Column 2) (Column 3)   |   |   |                    |                                 |   |                  |                |                 |               |                 |                 |            |                 |  |
| Ö   |   | CLAINES<br>REMAINING                    |                    | NEGREST<br>NUMBER<br>PREVIOUSLY |   | PRESENT          |                | RAI             | TF            | ADDI-<br>TIONAL | 1               | RATE       | ADDI-<br>TIONAL |  |
| 孟   |   | AFTER<br>AMENDMENT                      |                    |                                 | FOR                                     | EXTRA            | _              |                 | FEE           | 1               | 1,711           | FEE        |                 |  |
| AMENDME   | Total   | • 17                                    | Minus              | *                               | 84                                      | • ./             |                | XS              | 9-            | '/              | OF              | X\$18-     | _/_             |  |
|   | Independent   | • 5                                     | Minus              | ***                             | 18                                      | 1.               | 4              | X4              | 3=            | : [             | OF              | X86=       |                 |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                                 |   |                  |                | 114             | <b>:5</b> =   |                 | OF              | +290=      |                 |  |
| •   | If the entry in cots  | ann 1 is less then                      | he entry in colu   | mn 2, wi                        | w V ba                                  | Amn 3.           | <b>.</b>       |                 | OTA           |                 | l <sub>of</sub> | YOYA       |                 |  |
|   |   | mber Provincely F<br>gaber Provincely F | MADE SAME BUILDING | C EDAC                          |   |                  | -              | NOCA<br>ni bawa |               |                 |                 | ADDIT. PE  |                 |  |

Application of Docket Number

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